

Drug Type	Drug	dosage	NDC #	Year	Ven-A-Care's Price	Source	Bates	WAC	AWP
Ipratropium Bromide	Ipratropium Bromide INH (Atrovent)	UD 3 ml x 25	00054-8402-11	1996	\$17.43	GNY	VAC MDL 19956	\$26.44	\$44.06
				1997	\$17.43	GNY	VAC MDL 19956	\$26.44	\$44.06
				1997	\$19.99	Harvard Drug Group	VAC MDL 6410	\$26.44	\$44.06
				1998	\$17.43	GNY	VAC MDL 19956	\$20.50	\$44.06
				2000	\$12.95	ANDA	VAC MDL 85677	Not Reported	\$44.06
	Ipratropium Bromide INH (Atrovent)	3 ML x 30	00054-8402-13	1996	\$20.91	GNY	VAC MDL 19956	\$31.73	\$52.87
				1997	\$20.91	GNY	VAC MDL 19956	\$30.60	\$52.87
				1997	\$23.33	Harvard Drug Group	VAC MDL 6410	\$30.60	\$52.87
				1998	\$20.91	GNY	VAC MDL 19956	\$30.60	\$52.87
	Ipatropium Bromide	2.5 ml, 60s	00054-8402-21	1999	\$51.78	McKesson Catalog 11/3/1999	VAC MDL 91715	Not Reported	\$105.74
				2000	\$28.12	McKesson Invoice 3-29-00	VAC MDL 43247		\$105.74



2915 WESTON ROAD  
WESTON, FL 33331  
1-800-331-2632

# INVOICE

NO.2359069

OTN

SOLD TO: 108343

SHIP TO: 108343

VENACARE OF THE FL KEYS, INC  
933 FLEMING ST  
KEY WEST, FL 33040

VENACARE OF THE FL KEYS, INC  
933 FLEMING ST  
KEY WEST, FL 33040

WHITE LABEL WWHC18S1 / 8763

ORDER NO.	PURCHASE ORDER NO.	ORDER DATE	DEA NO.	EXP DATE	WH	SLMN	TERMS	INVOICE DATE	DUE DATE	PAGE	
2158393		3/13/00	BV1037957	5/31/00	20	188	W/10 DOM	3/13/00	4/10/00	1	
QTY.	QTY.	ITEM NO.	CS	DESCRIPTION	QTY.	UNIT	BRAND NAME	A.W.P.	NDC	UNIT PRICE	AMOUNT
1	0	314611		CATALOG (CONTROLS)			CATALOG (CONTROLS)	.00	-	.00	.00
1	0	302356		CATALOG (INJECTABLES)			CATALOG (INJECTABLES)	.00	-	.00	.00
1	0	313367		CATALOG (NON CONTROLS)			CATALOG (NON CONTROLS)	.00	-	.00	.00
1	1	301802		ALBUTEROL INHALATION 17G	KIT	SL	PROVENTIL	21.41	59930-1560-01	2.58	2.58
1	1	300368		ALBUTEROL INHALAT SOL 0.083%	25x3	SL	PROVENTIL SOL	30.25	59930-1500-08	5.25	5.25
1	1	300324		ALBUTEROL INHALAT SOL 0.5%	20 ML	SL	PROVENTIL SOL	14.99	59930-1515-04	3.69	3.69
1	1	302447		IPRATROPIUM INHALATION SOL.02%	25	SL	ATROVENT	44.10	49502-0685-03	13.50	13.50
1	1	300846		ALBUTEROL INHALAT SOL 0.083%	25x3	SL	PROVENTIL SOL	30.25	49502-0697-03	5.99	5.99
1	1	300848		ALBUTEROL INHALAT SOL 0.083%	60x3	SL	PROVENTIL SOL	72.60	49502-0697-60	14.95	14.95
1	1	300658		ALBUTEROL INHALAT SOL 0.083%	60x3	SL	PROVENTIL SOL	72.60	59930-1500-06	12.50	12.50
1	1	301800		ALBUTEROL INHALATION 17G	KIT	SL	VENTOLIN	21.99	00172-4390-18	1.99	1.99
1	1	302115		IPRATROPIUM INHALATION SOL.02%	25	SL	ATROVENT	44.06	00054-8402-11	12.95	12.95
1	1	301807		ALBUTEROL INHALATION 17G	KIT	SL	VENTOLIN	21.70	49502-0303-17	2.90	2.90
1	1	314229		POTASSIUM CHLORIDE 750 MG	1000	TB	POTASSIUM CHLORIDE	159.75	59772-6910-02	28.90	28.90
1	1	301973		ALBUTEROL INHALAT SOL 0.5%	20 ML	SL	PROVENTIL SOL	14.99	49502-0196-20	4.85	4.85
1	1	301995		CEFADROXIL 500 MG	50	CP	DURICEF	161.00	00172-4058-48	42.50	42.50
1	1	154142		PANDA BEAR	100	CP	DURICEF	.00	-	1.00	1.00
1	1	302041		CEFADROXIL 500 MG	100	CP	DURICEF	247.64	59772-7271-04	32.50	32.50
1	1	314227		POTASSIUM CHLORIDE 750 MG	100	TB	POTASSIUM CHLORIDE	16.33	59772-6910-01	3.50	3.50
TOTAL: 973.66										973.66	
TOTAL GOODS:										239.35	
TOTAL DISCOUNT:										11.33C	

Attorney's Ey

R1-0

HOW ORDER VIA THE INTERNET @ WWW.ANDANET.COM

LINE TOTAL: 973.66

1,2,3,3R,4,5 NEXT TO THE ITEM NUMBER DENOTES THAT THE PRODUCT IS A SCHEDULE (I, II, III, III REPORTABLE IV, V) DRUG

HOW ORDER VIA THE INTERNET @ WWW.ANDANET.COM

1,2,3,3R,4,5 NEXT TO THE ITEM NUMBER DENOTES THAT  
THE PRODUCT IS A SCHEDULE (I,II,III,III REPORTABLE  
IV,V) DRUG

Attorney's Eyes Only

R1-024050

REMIT TO: P.O. BOX 930219

ATLANTA, GA 311930219

PLEASE  
PAY  
THIS  
AMOUNT

227.42

4101488

# **GNYHA - Alternate Care** **Price Catalog** Sorted By Supplier, Home Healthcare

**Roxane Labs.**

1900 Arlingate Lane/Zip Code 432, P. O. Box 16532, Columbus, OH 43216-6532  
Phone (614) 276-4000 Fax (614) 276-3786

Product	Package	NDC	Price	Start	Stop	Dist. Status
<b>HYDROMORPHONE HCL TAB 4 MG</b> HYDROMORPHONE HCL TABLET 4 MG	100EA x 1	00054-4394-25	<b>\$18.49</b>	01/01/1996	06/30/1998	Both
<b>IPECAC SYRUP</b> IPECAC SYRUP IPECAC SYRUP	UD15ML x 25 UD30ML x 25	00054-8425-11 00054-8427-11	<b>\$18.20</b> <b>\$18.20</b>	01/01/1996 01/01/1996	06/30/1998 06/30/1998	Both Both
<b>IPRATROPIUM BROMIDE INHAL SOLN 0.02%</b> IPRATROPIUM BROMIDE VIAL 0.02 % IPRATROPIUM BROMIDE VIAL 0.02 %	3ML x 30 UD3ML x 25	00054-8402-13 00054-8402-11	<b>\$20.91</b> <b>\$17.43</b>	01/01/1996 01/01/1996	06/30/1998 06/30/1998	Both Both
<b>ISOETHARINE HCL SOLN NEBU 1%</b> ISOETHARINE HCL BOTTLE 1 % ISOETHARINE HCL BOTTLE 1 %	10ML x 1 30ML x 1	00054-3408-40 00054-3408-44	<b>\$1.94</b> <b>\$4.40</b>	01/01/1996 01/01/1996	06/30/1998 06/30/1998	Both Both
<b>LEUCOVORIN CALCIUM TAB 10 MG</b> LEUCOVORIN CALCIUM TABLET 10 MG LEUCOVORIN CALCIUM TABLET 10 MG LEUCOVORIN CALCIUM TABLET 10 MG	12EA x 1 24EA x 1 UD10EA x 1	00054-4497-05 00054-4497-10 00054-8497-06	<b>\$50.00</b> <b>\$99.00</b> <b>\$46.95</b>	01/01/1996 01/01/1996 01/01/1996	06/30/1998 06/30/1998 06/30/1998	Both Both Both
<b>LEUCOVORIN CALCIUM TAB 15 MG</b> LEUCOVORIN CALCIUM TABLET 15 MG LEUCOVORIN CALCIUM TABLET 15 MG LEUCOVORIN CALCIUM TABLET 15 MG	12EA x 1 24EA x 1 UD10EA x 1	00054-4498-05 00054-4498-10 00054-8498-06	<b>\$50.00</b> <b>\$73.00</b> <b>\$58.95</b>	01/01/1996 01/01/1996 01/01/1996	06/30/1998 06/30/1998 06/30/1998	Both Both Both
<b>LEUCOVORIN CALCIUM TAB 25 MG</b> LEUCOVORIN CALCIUM TABLET 25 MG LEUCOVORIN CALCIUM TABLET 25 MG	25EA x 1 UD10EA x 1	00054-4499-11 00054-8499-06	<b>\$190.00</b> <b>\$92.50</b>	01/01/1996 01/01/1996	06/30/1998 06/30/1998	Both Both
<b>LEUCOVORIN CALCIUM TAB 5 MG</b> LEUCOVORIN CALCIUM TABLET 5 MG LEUCOVORIN CALCIUM TABLET 5 MG LEUCOVORIN CALCIUM TABLET 5 MG	30EA x 1 100EA x 1 UD50EA x 1	00054-4496-13 00054-4496-25 00054-8496-19	<b>\$25.00</b> <b>\$82.00</b> <b>\$92.60</b>	01/01/1996 01/01/1996 01/01/1996	06/30/1998 06/30/1998 06/30/1998	Both Both Both

VAC MDL  
19956

R2-018791

C	ITEM #	DESCRIPTION	PACKAGE SIZE	CURRENT PRICE		NDC#	AWP	RATING	VENDOR
	40681	0 ATARAX 50MG TB [SIDMAK]	500	8.88	HYDROXYZINE 50MG TAB	SID 50111-0309-02	52.25	AB	SIDMAK LAB
	515405	8 ATARAX 50MG 1/98 [MARTEC]	1000	12.99	HYDROXYZINE 50MG 1/98 [MARTEC]	52555-0559-10	101.95		SHORT DATE
	11679	7 ATARAX 50MG TB [SIDMAK]	1000	16.39	HYDROXYZINE HCL 50MG TAB	50111-0309-03	96.80		SIDMAK LAB
	18103	8 ATARAX SYRUP [MGP]	PINT	3.76	HYDROXYZINE HCL SYRUP	MOR 60432-0150-16	11.56	AA	MORTON OF
	01301	2 ATARAX SYRUP [BARRE]	GAL	38.88	HYDROXYZINE SYRUP	BA 00472-0771-28	85.57	AA	ALPHARMAL
	04400	4 ATIVAN 0.5MG TB [WATSON]	100	1.22	LORAZEPAM 0.5MG TABS [WATSON]	52544-0332-01	11.38		WATSON LAB
	15426	3 ATIVAN 0.5MG 5/98 [MARTEC]	100	1.09	LORAZEPAM 0.5MG 5/98 [MARTEC]	52555-0485-01	13.75		SHORT DATE
	39966	0 ATIVAN 0.5MG TB [MYLAN]	100	1.45	LORAZEPAM 0.5MG TABS MYLAN	00378-0321-01	16.50	AB	MYLAN PHAR
	00504	1 ATIVAN 0.5MG TB [WATSON]	500	3.26	LORAZEPAM 0.5MG TABS [WATSON]	52544-0332-05	57.60	AB	WATSON LAB
	02230	4 ATIVAN 0.5MG TB [MYLAN]	500	6.60	LORAZEPAM 0.5MG TABS MYLAN	00378-0321-05	59.95	AB	MYLAN PHAR
	00505	0 ATIVAN 1MG TB [WATSON]	100	1.32	LORAZEPAM 1MG TABS [WATSON]	51875-0241-01	18.25	AB	WATSON LAB
	02233	1 ATIVAN 1MG TB [MYLAN]	100	1.73	LORAZEPAM 1MG TAB MYLAN	00378-0457-01	23.95	AB	MYLAN PHAR
	04412	0 ATIVAN 1MG TB [WATSON]	500	4.17	LORAZEPAM 1MG TABS [WATSON]	52544-0333-05	42.47		WATSON LAB
	15508	3 ATIVAN 1MG 8/98 [MARTEC]	500	2.99	LORAZEPAM 1MG 8/98 [MARTEC]	52555-0486-05	84.85		SHORT DATE
	00506	9 ATIVAN 1MG TB [WATSON]	500	3.73	LORAZEPAM 1MG TABS [WATSON]	51875-0241-02	82.00	AB	MISC. VEND
	00645	1 ATIVAN 1MG TB [WATSON]	1000	5.67	LORAZEPAM 1MG TABS [WATSON]	52544-0333-10	97.50	AB	WATSON LAB
	45260	0 ATIVAN 1MG TB [MYLAN]	1000	13.11	LORAZEPAM 1MG TAB MYLAN	00378-0457-10	126.95	AB	MYLAN PHAR
	04420	0 ATIVAN 2MG TB [WATSON]	100	1.67	LORAZEPAM 2MG TABS [WATSON]	52544-0334-01	22.73		WATSON LAB
	00507	8 ATIVAN 2MG TB [ROYCE]	100	1.43	LORAZEPAM 2MG TABS ROYCE	51875-0242-01	25.15	AB	MISC. VEND
	40048	0 ATIVAN 2MG TB [MYLAN]	100	2.31	LORAZEPAM 2MG TAB MYLAN	00378-0777-01	30.95	AB	MYLAN PHAR
	00508	7 ATIVAN 2MG TB [WATSON]	500	4.47	LORAZEPAM 2MG TABS [WATSON]	52544-0334-05	90.81	AB	WATSON LAB
	02240	2 ATIVAN 2MG TB [MYLAN]	500	10.07	LORAZEPAM 2MG TAB MYLAN	00378-0777-05	142.25	AB	MYLAN PHAR
	07024	3 ATROHIST PED CAPS [ECONOLABS]	100	12.70	DYNAFED-ER PEDIATRIC CAPS ECN	55053-0800-01	23.95		ECONOLABS
	07019	0 ATROHIST [PEDIATRIC] ECONOLABS	40Z	4.56	GELHIST PEDIATRIC SUSP ECONOL	55053-0930-04	13.95		ECONOLABS
	07022	5 ATROHIST [PEDIATRIC] ECONOLABS	PINT	13.61	GELHIST PEDIATRIC SUSP ECONOL	55053-0930-16	54.95		ECONOLABS
	07029	8 ATROHIST PLUS TB [BRECKENRIDGE]	100	33.45	PHARMHIST PLUS TABS [BRECKENRI	54979-0168-01	59.95		BRECKENRIDGE
	00933	0 ATROMID-S CAPS [NOVOPHARM]	100	51.67	CLOFIBRATE 500MG CAPS [NOVOPHAR	55953-0382-40	86.57	AB	NOVOPHARM
	00184	8 ATROPINE-LA 15MG/ML INJ [VET]	100ML	4.33	ATROPINE LA INJ 15MG/ML		22.00		VET PROBLE
	11041	8 ATROPINE 1/120GR INJ [VET]	100ML	2.50	ATROPINE INJ 1/120 GRAIN	54629-0401-96	3.25		VET PROBLE
	00435	5 ATROPINE OPHTH OINT [VET]	3.5GM	1.61	ATROPINE OPHTH OINT VET	00000-0000-00	3.00		PHARMACEU
	01904	1 ATROVENT 0.02% INHAL SOLN [ROXA 25x2.5m]		19.99	IPRATROPIUM 0.02% INHAL SOL ROX	00054-8402-11	44.06		MISC. VEND
	01907	8 ATROVENT 0.02% INHAL SOLN [DEY] 25x2.5mL		20.83	IPRATROPIUM 0.02% INHAL SOLN D	49502-0685-03	44.10		DEY LABORAT
	01909	6 ATROVENT 0.02% INHAL SOLN [ROXA 30x2.5m]		23.33	IPRATROPIUM .02% INHAL SOLN [ROX	00054-8402-13	52.84		U.S. MEDIC
	01908	7 ATROVENT 0.02% INHAL SOLN [DEY] 60x2.5m]		50.56	IPRATROPIUM 0.02% INHAL SOLN D	49502-0685-60	105.60		DEY LABORAT
	01396	8 ATS 2% TOP/SOLN [MAJOR]	60ML	1.88	ERYTHROMYCIN 2% TOP/SOLN [MAJOR]	00904-2845-03	5.80		SIGHT PHAR
	02691	0 AURALGAN OTIC DRPS [B&L]	10ML	1.24	ANTIPYRINE/BENZ OTIC SOL	24208-0561-62	2.20	AA	BAUSCH & L
	07220	7 AURALGAN OTIC DRPS [HI-TECH]	15ML	1.29	ANTIPYRINE W/BENZOCAINE [HI-TEC	50383-0767-15	2.00		HI-TECH PH
	07222	5 AURALGAN OTIC DRPS [LIQUIPHARM]	15ML	1.00	A/B OTIC SOLUTION	54198-0132-15	3.10		LIQUIPHARM
	01089	0 AVC CREAM W/APPL [LEMMON]	40Z	17.73	ASA CREAM W/APPLICATOR [LEMMON]	00093-0316-49	26.51		TEVA USA LL
	92306	0 AVEENO BATH [REGULAR] MAJOR	12OZ	2.29	AVALON OATMEAL BATH [MAJOR]	00904-7856-99	5.75		MAJOR PHAR
	29835	0 AZO-STANDARD TABS [BRECKENRIDGE]	6x30	13.99	PHENAZO 95MG [OTC] BRECKENRIDGE	51991-0140-30	5.75		MISC. VEND
	00634	9 AZO-STANDARD TABS [MAJOR]	30	2.95	AZO-GESIC TABS [MAJOR]	00904-5025-46	5.75		MAJOR PHAR
	00404	0 AZULFIDINE 500MG TB [MUTUAL]	100	7.33	SULFASALAZINE 500MG TAB	MUT 53489-0147-01	14.79	AB	MUTUAL PHAR
	00401	3 AZULFIDINE 500MG TB [MUTUAL]	500	33.32	SULFASALAZINE 500MG TAB	MUT 53489-0147-05	68.00	AB	MUTUAL PHA

B

52008	0	BABY LOTION [SWAN]	15OZ	1.59	BABY LOTION	SWAN 00869-1566-10	3.99		CUMBERLAND
55770	0	BABY OIL [SWAN]	14OZ	1.79	BABY OIL	SWAN 00869-8394-15	3.99		CUMBERLAND
55762	0	BABY POWDER [SWAN]	14OZ	1.29	BABY POWDER	SWAN 00869-1575-10	2.00		CUMBERLAND
55754	0	BABY SHAMPOO [SWAN]	15OZ	1.79	BABY SHAMPOO	SWAN 00869-5352-10	3.99		CUMBERLAND

3602388

VAC MDL  
6410

R2-005245

**McKessonHBOC**  
MCKESSON DRUG CO.  
915 CHAD LANE  
TAMPA FL 33619  
VERA CARE OF FLA KEYS  
933 FLEMING STREET  
KEY WEST FL 33040

#195 PHONE: (800) 482-3784  
DEA: PM0000771

Invoice

ACCT MGR: 010  
BILLING DATE: 3/29/00

DEA: BV1037957

BATCH: 000  
PHCY: PH9972

DEM: M  
947903

180 214

INVOICE DATE 3/29/00 INVOICE NO. 1952294089

ROUTE STD  
PAGE 1

All product discounts earned or granted under McKesson and Value-Rite programs, including off-invoice allowances, may be subject to certain state and federal laws and regulations regarding reporting and/or disclosure requirements and may be required to be reflected in the costs claimed or charges made by your pharmacy under Medicaid, Medicare or any other health care reimbursement program or provider plan.

HAZARDOUS MATERIAL  
CODE CLASSIFICATION  
LISTED ON REVERSE S

DEPT	ITEM NUMBER	QTY	ORD UN	ITEM DESCRIPTION	STORE	UNIT	PRICE	CP	I	CODE	EXTENS
					RETAIL						

\*\*\*\*\*  
JUST A REMINDER OUR NIGHTLY  
CUTOFF FOR ORDER TRANSMISSION  
IS 7:00 PM.  
\*\*\*\*\*

\*\*\*\*\*  
THANK YOU  
ATTN: REZULIN DISCONTINUATION  
RETAIL RETURN PRODUCT TO  
PARKE DAVIS  
MUNSONHURST COMPLEX  
MUNSONHURST ROAD  
FRANKLIN NJ 07416  
PATIENTS SHOULD CONTACT  
PARKE DAVIS 1-877-798-7398  
\*\*\*\*\*

BE	1368950	1	EA	ALBUTEROL INHAL KIT	17GMA	5.00	76.7	1	1	1	5.00
AD	2450336	1	EA	AMANTAD CAP 100MG	100a	10.12	72.3	1	1	1	10.12
AD	3226206	1	EA	AMOXICIL CAP 500MG	100a	8.36	80.7	1	1	1	8.36
AD	2401578	1	EA	ATEMOL TAB 50MG	100a	3.68	94.7	1	1	1	3.68
AD	1140664	1	EA	CAPTOPR HCTZ TAB 25/15	1Ca	19.17	77.3	1	1	1	19.17
AD	1145630	1	EA	CAPTOPR HCTZ TAB 50/25	1Ca	25.94	79.0	1	1	1	25.94
AD	2238913	1	EA	CAPTOPR TAB 25MG	100a	2.66	95.9	1	1	1	2.66
AD	2240794	1	EA	CAPTOPR TAB 100MG	100a	8.52	94.3	1	1	1	8.52
AD	1337154	1	EA	CEFACTOR CAP 500MG	100a	4.3	67.7	1	1	1	4.3
AD	1340108	1	EA	CEFACTOR CAP 250MG	100a	9.27	77.5	1	1	1	9.27
AD	1348408	1	EA	CEFACTOR CAP 125MG	100a	86.22	77.5	1	1	1	86.22
AD	1618446	1	EA	CEFACTOR CAP 500MG	100a	9.27	77.5	1	1	1	9.27
AD	1387646	1	EA	CEPHALEX CAP 500MG	100a	287.81	66.9	1	1	1	287.81
AD	1383363	1	EA	CEPHALEX CAP 250MG	100a	59.38	88.1	1	1	1	59.38
AD	1970755	1	EA	DUXYCYC CAP 100MG	100a	11.6	38	1	1	1	11.6
AD	1613165	1	EA	ESTRADOL CAP 0.5MG	100a	13.3	50	1	1	1	13.3
AD	1614031	1	EA	ESTRADOL CAP 1MG	100a	31.3	33	1	1	1	31.3
AD	1615630	1	EA	ESTRADOL CAP 2MG	100a	45.74	23	1	1	1	45.74
AD	1300631	1	EA	ESTODOL CAP 300MG	100a	125.23	71.4	1	1	1	125.23
AD	2127504	1	EA	IPRAT SOL PF 0.02% UD	100a	105.74	73.4	1	1	1	105.74
BE	1327683	1	EA	IPRAT SOL PF 0.02% UD	100a	44.00	72.4	1	1	1	44.00
AD	1494343	1	EA	NADOLOL TAB 20MG	100a	72.40	59.0	1	1	1	72.40

2302922

THIS INVOICE IS PAYABLE TO MCKESSON DRUG CO.  
AT ABOVE ADDRESS. CLAIMS MUST BE MADE WITHIN FIVE DAYS AND SHOW DATE OF INVOICE.  
THIS IS TO CERTIFY THAT ABOVE NAMED ARTICLES ARE PROPERTY OF MCKESSON DRUG CO. AND ARE NOT TO BE REPACKAGED, MARKED AND LABELED TO TRUE APPLICABLE REGULATIONS OF THE STATE OF FLORIDA.

CONTINUED



## IND - 180

D E P	ITEM NUMBER	ITEM DESCRIPTION	R X	REGULAR COST	LIST / SUGGTD RETAIL	MIM ORD	U N I T	PKG QTY	D E P	ITEM NUMBER	ITEM DESCRIPTION	R X	REGULAR COST	LIST / SUGGTD RETAIL	MIM ORD	U N I T	PKG QTY
AD	112-6566	INDAPAMIDE TAB 2.5MG NYLN 1000	R	11.05*				44	BE	343-2259	INSPIREASE REPL MOUTHPIECE	R	13.09				24
AD	210-7431	INDAPAMIDE TAB 2.5MG P/P 100	R	10.50				12	BE	198-2742	INSPIREASE REPL RESERV BAG 3PK	R	9.79				114
AD	110-0122	INDAPAMIDE TAB 2.5MG TEV 1000	R	7.81				24	BE	113-8282	INTAL INHALER METER SPR	R	37.75				144
AD	110-1583	INDAPAMIDE TAB 2.5MG TEV 1000	R	70.31				24	BE	113-8379	INTAL INHALER METER SPR	R	60.08				144
AD	244-0337	INDAPAMIDE TAB 2.5MG ZEN 1000	R	9.85*				12	BE	113-3102	INTAL NEBULIZER AMP 2ML	R	46.55				12
AD	138-7180	INDAPAMIDE TAB 2.5MG ZEN 1000	R	47.35*				24	BE	118-3839	INTAL NEBULIZER AMP 2ML	R	86.95				8
AD	140-8889	INDAPAMIDE TB 1.25MG APC 5000	R	37.32*				12	BE	111-1180	INTEGRILIN VIAL 20MG	R	12.00				10
AD	212-6340	INDAPAMIDE TB 1.25MG APC 1000	R	42.63*				48	BE	112-5533	INTEGRILIN VIAL 75MG	R	131.25				18
AD	111-6302	INDAPAMIDE TB 1.25MG NYLN 5000	R	6.36*				44	AD	368-5807	INTERCEPT TB 10LS THOM	R	8.90				10
AD	111-6076	INDAPAMIDE TB 1.25MG NYLN 5000	R	36.01*				72	AD	324-7921	INTERCEPT TB 11-25LS E/V	R	10.95				10
AD	131-8436	INDAPAMIDE TB 1.25MG ZEN 1000	R	71.57*				24	AD	368-5888	INTERCEPT TB 11-25LS THOM	R	9.90				10
AD	132-0617	INDAPAMIDE TB 2.5MG UDL 1000	R	104.20*				12	AD	324-8328	INTERCEPT TB 28-50LS E/V	R	18.95				10
AD	132-1702	INDAPAMIDE TB 2.5MG UDL 100	R	43.75				72	AD	368-8037	INTERCEPT TB 28-50LS THOM	R	9.20				10
AD	183-0201	INDAPAMIDE TB 2.5MG UD ZEN 10	R	18.56*				24	AD	367-8847	INTERCEPT TB 61-100LS THOM	R	28.30				10
DA	118-8161	INDAPAMIDE AMP 1MG 1ML 3565 ES110	R	93.18*				72	AD	324-8796	INTERCEPT TB 51-110LS E/V	R	28.95				10
AD	143-7815	INDERAL LA CAP 120MG	R	116.11*				96	KD	328-8085	INTERLINK EXT SET 2N3370 CS200	R	505.28				CS
AD	181-8558	INDERAL LA CAP 120MG UD	R	116.11*				12	KD	160-4878	INTERLINK VL ADAPT 2N3394 200	R	343.18				CS
AD	143-7849	INDERAL LA CAP 180MG	R	152.03*				96	KA	271-2828	INTRALPID 10K 100ML 1A0819 10	R	61.90				CS
AD	181-8572	INDERAL LA CAP 180MG UD	R	152.03*				12	KA	217-4183	INTRALPID 10K 250ML 1A0812 10	R	111.88				CS
AD	228-8138	INDERAL LA CAP 60MG	R	80.11*				96	KA	271-2867	INTRALPID 10K 50ML 1A0818 10	R	81.38				CS
AD	143-7881	INDERAL LA CAP 80MG	R	93.68*				96	KA	138-7488	INTRALPID 10K 500ML 1A0803 10	R	169.05				CS
AD	181-8473	INDERAL LA CAP 80MG UD	R	93.68*				12	KA	228-0857	INTRALPID 10K 500ML 1A0813 10	R	130.88				CS
AD	115-8120	INDERAL TAB 10MG	R	32.66*				96	KA	271-2933	INTRALPID 20K 100ML 1A0801 10	R	202.85				CS
AD	118-8138	INDERAL TAB 10MG	R	319.11*				96	KA	271-2917	INTRALPID 20K 100ML 1A0829 10	R	138.50				CS
AD	223-1132	INDERAL TAB 10MG UD	R	32.66*				12	KA	271-2958	INTRALPID 20K 250ML 1A0822 10	R	124.43				CS
AD	224-6395	INDERAL TAB 20MG	R	45.85*				96	KA	182-8403	INTRALPID 20K 50ML 1A0828 10	R	130.88				CS
AD	228-3359	INDERAL TAB 20MG	R	449.00*				24	KA	228-1079	INTRALPID 20K 500ML 1A0804 10	R	288.75				CS
AD	116-8146	INDERAL TAB 40MG	R	59.50*				96	KA	228-1087	INTRALPID 20K 500ML 1A0823 10	R	229.95				CS
AD	116-8153	INDERAL TAB 40MG	R	582.71*				24	IB	165-5844	INTRON-A PAK SOL 3MMLU 1ML	CTB	174.85				CT
AD	223-1124	INDERAL TAB 40MG UD	R	59.50*				12	IB	110-0007	INTRON-A PAK SYR 3MMLU 1ML	CTB	174.85				CT
AD	121-8742	INDERAL TAB 80MG	R	82.32*				96	IB	166-3378	INTRON-A PAK-10 SOL 10MMLU 1ML	R	582.18				8
AD	241-8150	INDERAL TAB 80MG	R	91.36*				96	IB	165-7988	INTRON-A PAKS SOL 5MMLU 1ML	R	291.09				8
AD	140-8541	INDERIDE L.A. CAP 120/50	R	168.08*				96	IB	120-3801	INTRON-A PEN 10MMLU 2ML 1.5	R	582.18				8
AD	140-8824	INDERIDE L.A. CAP 80/50	R	188.22*				24	IB	121-1823	INTRON-A PEN 3MMLU 2ML 1.5	R	174.85				8
AD	140-8723	INDERIDE L.A. CAP 180/50	R	139.77*				96	IB	121-1796	INTRON-A PEN 5MMLU 2ML 1.5	R	291.09				8
AD	322-8160	INDERIDE TAB 40/25	R	97.89*				96	IB	225-6435	INTRON-A VIAL PND 3MMLU 1ML	R	48.51				36
AD	322-8285	INDERIDE TAB 80/25	R	131.21*				96	IB	225-6376	INTRON-A VIAL PND 10MMLU 2ML	R	97.03				36
DA	129-2806	INDIGO CAPM AMP .5% 5MG/ML	R	89.58				10	IB	147-3354	INTRON-A VIAL PND 18MMLU 1ML	R	174.85				218
AD	322-8966	INDIGO CAPM AMP .5% 5ML A/R	R	71.00				12	IB	225-8311	INTRON-A VIAL PND 25MMLU 5ML	R	242.59				36
AD	113-8270	INDOCHRON CAP 75MG INH	R	23.53*				24	IB	225-6443	INTRON-A VIAL PND 3MMLU 1ML	R	29.11				36
AD	578-1523	INDOCHRON CAP 75MG INH	R	37.28*				24	IB	113-0690	INTRON-A VIAL PND 50MMLU 1ML	R	485.14				36
AD	135-8050	INDOCIN CAP 25MG	R	47.90				48	IB	165-9430	INTRON-A VIAL SOL 10MMLU 1ML	R	97.03				36
AD	135-8058	INDOCIN CAP 25MG	R	484.98				24	IB	166-3685	INTRON-A VIAL SOL 18MMLU 2ML	R	174.85				36
AD	135-8076	INDOCIN CAP 50MG	R	78.19				48	IB	180-0386	INTRON-A VIAL SOL 25MMLU 3.2ML	R	242.69				36
DA	117-7054	INDOCIN I.V. SDV 1MG 3408	R	69.02				72	IB	165-6289	INTRON-A VIAL SOL 3MMLU 0.5ML	R	29.11				36
AD	198-1280	INDOCIN SR CAP 75MG UU	R	40.58				48	IB	165-6743	INTRON-A VIAL SOL 5MMLU 0.5ML	R	48.51				36
AD	198-1298	INDOCIN SR CAP 75MG UU	R	81.18				48	IB	148-8044	INVRASE CAP 200MG	R	488.83				12
CD	272-8982	INDOCIN SUPP 50MG	R	41.25				288	AG	185-4879	IODINE STRONG 2775 HMC	R	10.74				12
AD	369-8887	INDOCIN CAP 25MG NYLN	R	26.84*				112	VO	1111-0688	IODOFLEX WOUND DRESS RX 604	R	180.00				12
AD	369-8890	INDOCIN CAP 25MG NYLN	R	5.10*				144	DA	181-9832	IODOFLEX 10X100MG 10ML APP 25	R	182.50				12
AD	341-9454	INDOCIN CAP 25MG NOV	R	3.05				44	CC	110-8844	IODOSORB GEL RX 1.40Z	R	27.00				4
AD	240-3376	INDOCIN CAP 25MG O/P	R	3.98*				24	JA	148-9687	IONAMIN CAP 15MG	R	107.38				48
AD	240-3582	INDOCIN CAP 25MG O/P	R	12.78*				12	JA	148-9678	IONAMIN CAP 15MG	R	420.93				48
AD	143-2962	INDOCIN CAP 25MG S/D	R	3.85*				108	JA	148-9688	IONAMIN CAP 30MG	R	308.68				48
AD	143-3168	INDOCIN CAP 25MG S/D	R	22.37*				12	JA	148-9681	IONAMIN CAP 30MG	R	482.37				48
AD	124-5884	INDOCIN CAP 25MG W/C	R	2.47*				24	AA	142-9372	IOPHEN DM LIQ	IMP	180Z				12
AD	244-2192	INDOCIN CAP 25MG ZEN	R	3.28*				24	AA	134-4086	IOPHEN MR LIQ	O/P	180Z				12
AD	172-0184	INDOCIN CAP 25MG ZEN	R	12.21*				12	AA	142-8182	IOPHEN MR LIQ	O/P	180Z				12
AD	244-2077	INDOCIN CAP 25MG UD	R	5.79*				12	AA	134-8709	IOPHEN-DM NR LIQ	O/P	180Z				12
AD	141-0086	INDOCIN CAP 25MG UD	R	5.04				10	AA	112-3442	IOPIDINE PND 1% 2X0.10ML	CT12	135.00				CT
AD	384-7708	INDOCIN CAP 25MG UD ZEN	R	4.23*				24	BA	378-8814	IOPIDINE OPH SOL 0.5% 5ML	R	34.00				432
AD	275-7888	INDOCIN CAP 50MG ES1	R	18.37*				144	BA	148-8818	IOPIDINE OPH SOL 0.5% 10ML	R	148.75				12
AD	369-7232	INDOCIN CAP 50MG NYLN	R	20.28*				12	IA	112-8293	IOPOL PSE TB 120/60MG	10M 500	35.00				12
AD	369-7298	INDOCIN CAP 50MG NYLN	R	4.00				144	IA	124-0696	IOPOL VACC MOV	1DOOSE	156.80				50
AD	341-8837	INDOCIN CAP 50MG NOV	R	17.70				48	IA	124-1249	IOPOL VACC SYR	0.5ML	19.15				100
AD	341-9884	INDOCIN CAP 50MG NOV	R	17.70				48	IA	124-1249	IOPOL VACC SYR 0.5ML	R	188.80				12
AD	240-3988	INDOCIN CAP 50MG O/P	R	21.78*				12	BE	111-7280	IPRATRO/ROL PF 0.2% ROX 300	R	25.89*				48
AD	240-4808	INDOCIN CAP 50MG O/P	R	21.78*				12	BE	142-2854	IPRATRO/INH SOL 0.02% DEY 250	R	20.10*				12
AD	143-1790	INDOCIN CAP 50MG S/D	R	5.05*				96	BE	116-8572	IPRATRO/INH SOL 0.02% DEY 300	R	24.12*				12
AD	117-7351	INDOCIN CAP 50MG S/D	R	22.37*				12	BE	142-3219	IPRATRO/INH SOL 0.02% DEY 800	R	48.25*				12
AD	178-8248	INDOCIN CAP 50MG URL	R	3.25*				12	BE	212-7504	IPRATRO/INH SOL 2.5ML ROX 80	R	51.78*				24
AD	240-7289	INDOCIN CAP 50MG ZEN	R	4.07*				24	BE	132-7883	IPRATRO/ROL PF 0.2% ROX 250	R	21.58*				48
AD	171-7890	INDOCIN CAP 50MG ZEN	R	16.28*				10	AD	129-0706	IRCON-FA TAB 82/1MG	R	9.42				96
AD	141-8102	INDOCIN CAP 50MG UD	R	6.80				10	AD	111-0636	IROFOL CAPL	R	14.17				12
AD	384-7785	INDOCIN CAP 50MG UD ZEN	R	5.48*				24	AA	110-8398	IROFOL DRO	R	10Z				12
AD	118-2681	INDOCIN ER CAP 75MG ENDO	R	18.68*				144	AA	110-8857	IROFOL LIQ	R	40Z				36
AD	126-3324	INDOCIN ER CAP 75MG ENDO	R	30.21*				144	AD	120-8210	ISMELIN TAB 10MG	R	62.36				288
AD	118-8183	INDOCIN ER CAP 75MG ENDO	R	19.45				144	AD	120-8236	ISMELIN TAB 25MG	R	85.65				288
AD	341-0888	INDOCIN SR CAP 75MG GEN	R	23.33				24	AD	124-4979	ISMO TAB 20MG	R	84.32				24
AD	177-8164	INDOCIN SR CAP 75MG O/P	R	17.78*				24	AD	124-5117	ISMO TAB 30MG UD	R	84.32				10
AD	115-8294	INDOCIN SR CAP 75MG O/P	R	28.50*				12	BA	127-2434	ISMO TIC PB	220ML	22.08				12
AD	384-3885	INDOCIN SR CAP 75MG SOL	R	30.51*				24	BE	189-7259	ISOETH INHAL SOL 1% ROX 10ML	R	15.21				10
AD	382-4425	INDOCIN SR CAP 75MG TEV	R	24.50				24	BE	196-3396	ISOETH INHAL SOL 1% ROX 30ML	R	45.82				10
AD	340-8721	INDOCIN SR CAP 75MG ZEN	R	25.82*				24	DA	365-8887	ISOFURANE VIAL	ABB 100ML	34.00				8
CD																	

ITALICS - MCKESSON LIST PRICE LESS THAN AWP.  
UNIT - EACH UNLESS OTHERWISE NOTED.

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**VAC MDL 91715**